

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579342

FILING DATE

MAY 15 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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39						
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41						
42						
43						
44						
45			1			
46				1		
47				1		
48						
49			1			
50				1		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	3	←		←
TOTAL CLAIMS			5			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				//		
53				/		
54			/			
55			//			
56			//			
57			/			
58				/		
59				//		
60				/		
61				//		
62				/		
63				//		
64				/		
65				//		
66				/		
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98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAIMS			16			